

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID:151

County:Los Angeles

Successor Agency:Temple City

Primary Contact

Honorific (Ms, Mr, Mrs)

First Name

Tracey

Last Name

Hause

Title

Administrative Services Director

Address

9701 Las Tunas Dr.

City

Temple City

State

CA

Zip

91780

Phone Number

626-285-2171

Email Address

thause@templecity.us

Secondary Contact

Honorific (Ms, Mr, Mrs)

First Name

Brian

Last Name

Haworth

Title

Assistant to the City Manager

Phone Number

626-285-2171

Email Address

bhaworth@templecity.us

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the July 1, 2013 to December 31, 2013 Period

Name of Successor Agency: **TEMPLE CITY (LOS ANGELES)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$5,950,000

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$351,163
B Enforceable Obligations Funded with RPTTF	\$180,000
C Administrative Allowance Funded with RPTTF	\$125,000
D Total RPTTF Funded (B + C = D)	\$305,000
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$656,163
F Enter Total Six-Month Anticipated RPTTF Funding	\$180,000
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	(\$125,000)

Prior Period (July 1, 2012 through December 31, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))		
H Enter Estimated Obligations Funded by RPTTF <i>(lesser of Finance’s approved RPTTF amount including admin allowance or the actual amount distributed)</i>		\$708,600
I Enter Actual Obligations Paid with RPTTF		\$568,324
J Enter Actual Administrative Expenses Paid with RPTTF		\$80,200
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)		\$60,076
L Adjustment to RPTTF (D - K = L)		\$244,924

Certification of Oversight Board Chairman:	
Pursuant to Section 34177(m) of the Health and Safety code,	Name
I hereby certify that the above is a true and accurate Recognized	Title
Obligation Payment Schedule for the above named agency.	/s/
	Signature
	Date

TEMPLE CITY (LOS ANGELES)
RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS 13-14A)
July 1, 2013 through December 31, 2013

Oversight Board Approval Date: _____

[illegible]

TEMPLE CITY (LOS ANGELES)

Pursuant to Health and Safety Code section 34186 (a)

PRIOR PERIOD ESTIMATED OBLIGATIONS vs. ACTUAL PAYMENTS

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS II)

July 1, 2012 through December 31, 2012

[illegible]

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS 13-14A) -- Notes (Optional)

July 1, 2013 through December 31, 2013

[illegible]